

(Place organization's logo here)

## PRESSURE ULCER COMMUNICATION TOOL

(NOTE: This form is intended to accompany the discharge summary.)

**Purpose:** To promote pressure ulcer prevention and improvement and enhance the transfer process between acute and long term care settings by utilizing a standardized communication tool.

**When to Complete:** The tool should be completed for every patient/resident being transferred who currently has a pressure ulcer or is at risk for developing a pressure ulcer.

**DATE OF TRANSFER** \_\_\_\_\_

**TIME OF TRANSFER** \_\_\_\_\_

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Sending Organization \_\_\_\_\_

Contact Person at Sending Organization \_\_\_\_\_

Tel/Fax/Email \_\_\_\_\_

Name of Receiving Organization \_\_\_\_\_

Contact Person at Receiving Organization \_\_\_\_\_

Tel/Fax/Email \_\_\_\_\_

1. Provide the date for when the last pressure ulcer risk assessment was completed prior to transfer.  
DATE: \_\_\_\_\_  Information Not Available
2. Use the Braden Scale for Predicting Pressure Sore Risk to identify patients/residents at risk for developing a pressure ulcer. For permission to use the scale at no cost, visit <http://www.bradenscale.com/copyright.htm>.
  - Very High Risk (*Braden 9 or below*)
  - High Risk (*Braden 10-12*)
  - Moderate Risk (*Braden 13-14*)
  - Low Risk (*Braden 15-18*)
  - Not at Risk (*Braden 19+*)
3. Provide the date and time for when the last complete skin assessment was completed prior to transfer.  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  Information Not Available
4. Identify any other risk factors that your patient/resident has that are important to communicate at time of transfer.
  - COPD (Chronic Obstructive Pulmonary Disease)
  - Diabetes
  - Urinary/fecal incontinence
  - Immobility (e.g. paralysis, contractures)
  - Terminal cancer
  - Chronic or end stage renal, liver, heart disease
  - Poor nutritional status
  - Other skin related issues (not a pressure ulcer) \_\_\_\_\_
  - Other risk factors not on the list. \_\_\_\_\_
5. Identify whether or not the patient/resident had a pressure ulcer(s) at the time of transfer.
  - Yes  No

If yes, complete page 2 of the Communication Tool.

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Indicate the **support surface** used for the patient/resident at your facility prior to transfer.

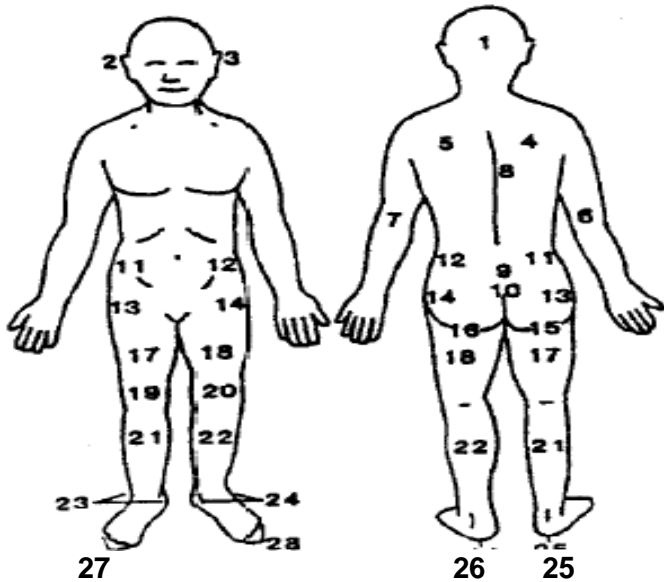
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Indicate the **off-loading equipment** used for the patient/resident at your facility prior to transfer.

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**Complete the chart to document and describe the pressure ulcer(s) present at the time of transfer.**  
 (See Appendix B for NPUAP pressure ulcer staging definitions)

	How many?	Location	Treatment
Stage 1 Pressure Ulcer			Dressing Type: Other:
Stage 2 Pressure Ulcer			Dressing Type: Other:
Stage 3 Pressure Ulcer			Dressing Type: Other:
Stage 4 Pressure Ulcer			Dressing Type: Other:
Unstageable Pressure Ulcer			Dressing Type: Other:
Suspected Deep Tissue Injury			Dressing Type: Other:
<b>TOTAL</b>			



- 1 = Back of head
- 2 = Right ear
- 3 = Left ear
- 4 = Right scapula
- 5 = Left scapula
- 6 = Right elbow
- 7 = Left elbow
- 8 = Vertebrae (upper-mid)
- 9 = Sacrum
- 10 = Coccyx
- 11 = Right iliac crest
- 12 = Left iliac crest
- 13 = Right trochanter (hip)
- 14 = Left trochanter (hip)
- 15 = Right ischial tuberosity
- 16 = Left ischial tuberosity
- 17 = Right thigh
- 18 = Left thigh
- 19 = Right knee
- 20 = Left knee
- 21 = Right lower leg
- 22 = Left lower leg
- 23 = Right ankle (inner/outer)
- 24 = Left ankle (inner/outer)
- 25 = Right heel
- 26 = Left heel
- 27 = Right toe(s)
- 28 = Left toe(s)
- 29 = Other (specify)